



03/6/03

**HAWAII STATE ETHICS COMMISSION**  
1001 BISHOP STREET, ASB TOWER 970  
P.O. BOX 616, HONOLULU, HAWAII 96809  
TEL: 587-0460 FAX: 587-0470  
email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

RECEIVED

02 DEC 18 48:16

STATE OF HAWAII  
STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

<b>PART I LOBBYIST</b>			
NAME(Last) <b>VenCL</b>	(First) <b>TerryL</b>	(Middle) <b>Jean</b>	TELEPHONE <b>808-244-9551</b>
MAILING ADDRESS (Street) <b>255 mihoku loop</b>			FAX <b>none</b>
(City) <b>Kahului</b>	(State) <b>Hi</b>	(Zip Code) <b>96732</b>	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) <b>Maui Hotel Association</b>			TELEPHONE <b>808-244-8625</b>
MAILING ADDRESS (Street) <b>1721 B Wili Pa loop</b>			FAX <b>808-244-3094</b>
(City) <b>Wailuku</b>	(State) <b>Hi</b>	(Zip Code) <b>96793</b>	

<b>PART II ORGANIZATION</b>			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) <b>Maui Hotel Assoc.</b>			TELEPHONE
MAILING ADDRESS (Street) <b>Same as above</b>			FAX
(City)	(State)	(Zip Code)	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT <b>TerryL VenCL</b>			TELEPHONE <b>808</b> <b>244-8625</b>
MAILING ADDRESS (Street) <b>255 mihoku loop</b>			FAX <b>808</b> <b>244-3094</b>
(City) <b>Kahului</b>	(State) <b>Hi</b>	(Zip Code) <b>96732</b>	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY							
<input type="checkbox"/>	Agriculture	<input type="checkbox"/>	Education	<input type="checkbox"/>	Human Services	<input type="checkbox"/>	Science, Technology & Economic Development
<input type="checkbox"/>	Communications & Public Utilities	<input type="checkbox"/>	Government Operations & Finance	<input type="checkbox"/>	Intergovernmental Relations, International Affairs	<input checked="" type="checkbox"/>	Tourism & Recreation
<input type="checkbox"/>	Consumer Protection & Commerce	<input type="checkbox"/>	Hawaiian Affairs	<input type="checkbox"/>	Labor & Employment	<input checked="" type="checkbox"/>	Transportation
<input type="checkbox"/>	Culture, Arts, Historic Preservation	<input type="checkbox"/>	Health	<input type="checkbox"/>	Planning, Land & Water Use Management	<input type="checkbox"/>	Other: (indicate below)
<input type="checkbox"/>	Ecology, Energy Environmental Protection	<input type="checkbox"/>	Housing	<input type="checkbox"/>	Public Safety & Corrections		

PART IV CERTIFICATION OF LOBBYIST	
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.	
<u><i>Terry Lind</i></u> (Signature of Lobbyist)	<u>12-12-02</u> (Date)

PART V AUTHORIZATION TO LOBBY	
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
<u>Barry Lewin (Chairman)</u>	
NAME OF ORGANIZATION (if applicable)	TELEPHONE
<u>Mau Hotel Association</u>	<u>808-244-8625</u>
MAILING ADDRESS (Street)	FAX
<u>1727 B Wili Pa Loop</u>	<u>808-244-3094</u>
(City)	(State)
<u>Waialeale</u>	<u>HI</u>
(Zip Code)	
<u>96793</u>	
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.	
<u><i>[Signature]</i></u> (Signature of Authorizing Officer or Person Represented)	<u>12/16/02</u> (Date)